

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MJ	1	4/00
O.I.P.E. CLASSIFIER		48	1/13/00
FORMALITY REVIEW	PFM	21	00
RESPONSE FORMALITY REVIEW	LCM	3-27-00	

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	2	1	1/22/00
2	3	2	1/22/00
3	4	3	1/22/00
4	5	4	1/22/00
5	6	5	1/22/00
6	7	6	1/22/00
7	8	7	1/22/00
8	9	8	1/22/00
9	10	9	1/22/00
10	11	10	1/22/00
11	12	11	1/22/00
12	13	12	1/22/00
13	14	13	1/22/00
14	15	14	1/22/00
15	16	15	1/22/00
16	17	16	1/22/00
17	18	17	1/22/00
18	19	18	1/22/00
19	20	19	1/22/00
20	21	20	1/22/00
21	22	21	1/22/00
22	23	22	1/22/00
23	24	23	1/22/00
24	25	24	1/22/00
25	26	25	1/22/00
26	27	26	1/22/00
27	28	27	1/22/00
28	29	28	1/22/00
29	30	29	1/22/00
30	31	30	1/22/00
31	32	31	1/22/00
32	33	32	1/22/00
33	34	33	1/22/00
34	35	34	1/22/00
35	36	35	1/22/00
36	37	36	1/22/00
37	38	37	1/22/00
38	39	38	1/22/00
39	40	39	1/22/00
40	41	40	1/22/00
41	42	41	1/22/00
42	43	42	1/22/00
43	44	43	1/22/00
44	45	44	1/22/00
45	46	45	1/22/00
46	47	46	1/22/00
47	48	47	1/22/00
48	49	48	1/22/00
49	50	49	1/22/00

If more than 150 claims or 10 actions
staple additional sheet here

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